

**REQUEST FOR RESERVE COMPONENT ASSIGNMENT OR ATTACHMENT**

For use of this form, see AR 140-10: the proponent agency is DCS, G-1.

DATE (YYYYMMDD)

1. TO:

2. FROM:

**PRIVACY ACT STATEMENT**

Authority for collecting personal information and social security number is 10 U.S.C. 3012. Disclosure by member is mandatory.

Principal purpose is to transfer Reservist between units. Routine uses: To document transfer and attachment actions.

The SSN is used for maintenance of records and compiling statistics.

3. NAME AND CURRENT ADDRESS				a. SSN					
				b. HOME TELEPHONE NUMBER (Area Code)					
				c. OFFICE TELEPHONE NUMBER (Area Code)					
d. GRADE	e. DOR	f. BRANCH	g. SSI/PMOS	h. PEBD					
i. RYE	j. ETS	k. SEX	l. HEIGHT & WEIGHT	m. DOB					
n. TYPED NAME, GRADE AND SIGNATURE OF RESERVIST				DATE (YYYYMMDD)					
4. ACTION <table style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> a. VOL ASGMENT</td> <td><input type="checkbox"/> b. ATTACHMENT</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> c. RELIEVED FROM ATTACHMENT</td> </tr> </table>					<input type="checkbox"/> a. VOL ASGMENT	<input type="checkbox"/> b. ATTACHMENT	<input type="checkbox"/> c. RELIEVED FROM ATTACHMENT		
<input type="checkbox"/> a. VOL ASGMENT	<input type="checkbox"/> b. ATTACHMENT								
<input type="checkbox"/> c. RELIEVED FROM ATTACHMENT									
d. EFFECTIVE DATE (YYYYMMDD)		e. AUTHORITY AND REASON FOR TRANSFER							
5. REQUEST ASSIGNMENT / ATTACHMENT / TRANSFER TO: UIC				a. AUTOVON NUMBER					
				b. INPUT STATION NUMBER					
				c. UNIT PAYROLL NUMBER					
d. TOE / TD	e. PARA	f. LINE	g. POSITION TITLE	h. DUTY MOS					
j. TYPED NAME, GRADE, TITLE AND SIGNATURE OF GAINING UNIT CDR				DATE (YYYYMMDD)					
6. UNIT RELIEVED FROM ASSIGNMENT / ATTACHMENT UIC				a. AUTOVON NUMBER					
				b. INPUT STATION NUMBER					
				c. UNIT PAYROLL NUMBER					
d. TYPED NAME, GRADE, SIGNATURE OF LOSING UNIT COMMANDER				DATE (YYYYMMDD)					
7. INCLOSURES <table style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> a. ORDER</td> <td><input type="checkbox"/> c. DD FORM 214</td> <td rowspan="2"><input type="checkbox"/> e. OTHER</td> </tr> <tr> <td><input type="checkbox"/> b. DD FORM 4</td> <td><input type="checkbox"/> d. MPRJ</td> </tr> </table>					<input type="checkbox"/> a. ORDER	<input type="checkbox"/> c. DD FORM 214	<input type="checkbox"/> e. OTHER	<input type="checkbox"/> b. DD FORM 4	<input type="checkbox"/> d. MPRJ
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8. REMARKS									